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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 10/602,804 06/24/2003 which is a CON of 09/442,207 11/16/1999 PAT 6,628,777

yes P.S.

**** FOREIGN APPLICATIONS *******

NONE P.S.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****

** 03/18/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY GA	SHEETS DRAWING 18	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>R.S.</i> Initials				

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TITLE

Managing the rate of delivering performance interventions in a contact center

FILING FEE RECEIVED 732	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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